NEVADA STATE HEALTH DIVISION
SENTINEL EVENT REPORT – AMENDMENT

Pursuant to NRS 439.835 Mandatory reporting of sentinel events and NAC 439.900-920 Health and safety of patients at certain medical facilities, **this report is to be completed and submitted to the Nevada State Health Division when the reporting medical facility finds it necessary to amend the original sentinel event report**. These data are **confidential**, based upon NRS 439.840(2) and NRS 439.845(2).

FOR STATE HEALTH DIVISION USE ONLY
STATE REGISTRY#
DATE/TIME RECEIVED

PLEASE PRINT or TYPE **PATIENT'S DATE OF BIRTH: _____ / _____ / _____**

1. FACILITY CODE _____	**2. DATE OF SENTINEL EVENT** _____ /_____ /_____ MM DD YYYY
REPORT COMPLETED BY _____ LAST NAME FIRST NAME MI	
DATE AND TIME FACILITY COMPLETED AMENDMENT _____/_____ /_____ _____ : _____ MM DD YYYY MILITARY TIME	
DATE AND TIME STATE NOTIFIED _____/_____ /_____ _____ : _____ MM DD YYYY MILITARY TIME	

PLEASE COMPLETE ONLY THE SECTIONS THAT APPLY

12. DESCRIPTION of SENTINEL EVENT

12A. *Amend* Type of Sentinel Event (Check ONE box *only)*

☐ A. Abduction – Adult	☐ N. Homicide	☐ AA. Nosocomial Infection – Other – *Specify*:
☐ B. Abduction – Child	☐ O. Homicide - Attempted	☐ AB. Procedure Complication(s)
☐ C. Abduction – Infant	☐ P. Impersonate Healthcare Professional	☐ AC. Rape
☐ D. Assault (Attempted Battery)	☐ Q. Infant Perinatal	☐ AD. Rape - Attempted
☐ E. Battery	☐ R. Maternal Intrapartum	☐ AE. Restraint
☐ F. Burn	☐ S. Medication Error(s)	☐ AF. Suicide
☐ G. Contaminated Product/Device	☐ T. Nosocomial Infection – Central line-related bloodstream infection	☐ AG. Suicide - Attempted
☐ H. Discharge to Wrong Family/Caregiver - Adult	☐ U. Nosocomial Infection – Non-central line-related bloodstream infection	☐ AH. Transfusion
☐ I. Discharge to Wrong Family/Caregiver - Child	☐ V. Nosocomial Infection – Surgical site infection	☐ AI. Treatment Delay
☐ J. Discharge to Wrong Family/Caregiver - Infant	☐ W. Nosocomial Infection – Catheter-related urinary tract infection	☐ AJ. Treatment Error
☐ K. Electric Shock (Environmental)	☐ X. Nosocomial Infection – Non-catheter-related urinary tract infection	☐ AK. Wrong Patient/Wrong Surgery Procedure
☐ L. Elopement	☐ Y. Nosocomial Infection – Ventilator-associated pneumonia	☐ AL. Wrong Site/Wrong Surgery Procedure
☐ M. Fall	☐ Z. Nosocomial Infection – Decubitus Ulcer (Stage 3 or 4)	☐ AM. Other – *Specify*:

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12B. *Amend* Outcome of Sentinel Event (Check ONE box only)

☐	A. Actual – Death
☐	B. Actual – Physical Injury with Permanent Loss
☐	C. Actual – Psychological Injury with Permanent Loss
☐	D. Actual – Physical and Psychological Injuries with Permanent Losses
☐	E. Risk of – Death
☐	F. Risk of – Physical Injury with Permanent Loss
☐	G. Risk of – Psychological Injury with Permanent Loss
☐	H. **Actual Nosocomial Infection ONLY**: No adverse outcome or risk of adverse outcome

17. *Amend* CORRECTIVE ACTIONS (Check all that apply)

☐	A. Disciplinary Action(s)	☐	I. Procedure Modification
☐	B. Environmental Change(s)	☐	J. Procedure Review
☐	C. Equipment Modification(s)	☐	K. Process Development
☐	D. Equipment Repair(s)	☐	L. Process Modification
☐	E. Policy Development	☐	M. Process Review
☐	F. Policy Modification	☐	N. Situation Analysis
☐	G. Policy Review	☐	O. Staff Education/Inservice Training
☐	H. Procedure Development	☐	P. Other – *Specify*:

18. *AMEND* LESSONS LEARNED

ADDITIONAL *AMENDMENTS*/INFORMATION/COMMENTS

When form is completed, Fax (775-684-4156) or Send Certified Mail with a Return Receipt to:
Nevada State Health Division
Bureau of Health Planning and Statistics
ATTN: Sentinel Events Registry
4150 Technology Way, Suite 104
Carson City, NV 89706

Revised January 2008